I hereby certify that this correspondence is being transmitted via the EFS to the U.S. Patent and Trademark Office on the date shown below:

PATENT Attorney Docket No.: S-16

on 5.7-67

By Angels Loding Facility

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent of: David C. Hovda

Application No.: 10/735,477

Filing Date: December 11, 2003

For: METHODS FOR VISUALIZING AND TREATING INTERVERTEBRAL DISCS

INFORMATION DISCLOSURE

STATEMENT UNDER

37 CFR §1.97 and §1.98

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In accordance with 37 C.F.R. 1.56, 1.97 and 1.98, Applicant wishes to call the attention of the Examiner to the references that are listed on the attached PTO form 1449.

It is respectfully requested that the cited information be considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue there from.

These citations do not constitute an admission that the references are relevant or material to the claims.

Application No.: 10/735,477 Attorney Docket No.: S-16

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This IDS is being filed after a Non-Final Office Action and accordingly, Applicants hereby authorize the Commissioner is to charge \$180 and any additional fees necessary or credit any overpayment to Deposit Account No. 50-0359 of ArthroCare Corporation in order to effectuate this filing.

If there are any matters concerning this Application that may be cleared up in a telephone conversation, please contact Applicant's attorney at 512.391.3961.

Respectfully submitted Attorney for Applicant,

Brian E. Szymczak Date

Reg. No. 47,120

SEND CORRESPONDENCE TO: ARTHROCARE CORPORATION CUSTOMER NO. 21394 512.391.3961 512.391.3901 (fax)

PTO-1449 Information Disclosure Citation in an Application			Application No.	Applicant(s)	Applicant(s)			
			10/735,477	David C. Hovda				
			Docket Number	Group Art Un	Group Art Unit Filling D 3739 Decen		mber 11, 2003	
			S-16	3739				
			U.S. PATENT DOCUMENT	s				
	DOCUMENT NO.	DATE	NAME	CLASS	SUBCLASS	FILIN	G DATE	
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